PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051120

1. Corporation Name

EXTREME DIVERS. INC.

FILED	
Mar 09, 1999 8:00 ar	n
Secretary of State	

03-09-1999 90134 013 ***150.00

_	E 017210; 1170			
Principal Place	o of Business Mailing Address RUN DRIVE 5850 HAGER MASS BEE RIDGE RD			
458-HERON'S-1	RUN DRIVE 5850 MAGER MASS24 BEE RIDGE RD			
S7E 121	#446	234	DO NOT WRITE IN THIS SPACE	
	94232 34 2.3 32 SARASOTA FL-34230 3 9 3 US		3. Date Incorporated or Qualifed	
US	US		06/28/1995	
0 D::	ace of Business 2a. Mailing Address		4. FEI Number Applied For	
		Peder RD	65-0590194 Not Applicable	
21 5850 Sulte, Apt.		Cloge A D	\$8.75 Additional	
	27 #446		5. Certificate of Status Desired Fee Required -	
City & State			6. Election Campaign Financing \$5.00 May Be	
	SOTA FL 28 SARASOTA	FL	Trust Fund Contribution Added to Fees	
Zip	Country Zip	Country	8. This corporation owes the current year Intangible	
24 342	32 25 SA/LASOTA 29 34233 3	O SARASOTA	Personal Property Tax. Yes No	
- / -	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name		
ROG	iers, John B	- 82 Street Addi	ress (P.O. Box Number is Not Acceptable).	
-200-	HERON'S RUN DRIVE STE 204	> " "\$es	O HAGERMAN RD	
SAR	ASOTA FL 34232	83		
			as Zip Code	
4	Address CHANGE ONLY -	84 City A P	1ASATA FL 34232	
		, the above-named corp	ageties submits this externent for the numose of changing its registered	
Affica or a	egistered agent, or both, in the State of Florida. Such change was aut m familiar with, and accept the obligations of, Section 607.0505, Florid	nonzeo ov tna comocrati	on's board of directors. I hereby accept the appointment as registered	
] -	m ramiliar with, and accept the obligations of, Section 607.0000, Florid	o otaloios,	1	
SIGNATURE	Signature, typed or partied name of registered agent and tritle if applicable. (NOTE: R	egistered Agent signature require	od when reinstating) DATE	⊕
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\$
TITLE	D DELETE	1.1 TITLE	JOHN B ROGERS SIChange Addition	CR2E034 (11/98)
NAME	ROGERS, JOHN B	1.2 NAME	5850 HAGERMAN RD	8
STREET ADORESS	200 HERON'S RUN DRIVE STE 204	1.3 STREET ADDRESS 5	5850 ////07	ŭ
CITY-ST-ZIP	SARASOTA FL 34232	1,4 CITY-ST-ZIP	SARASOTA FL 34232	吳
TITLE	D DELETE	21 TILE V	SARASOTA FL 34232 DAUE DAUIS 3919 CYPRESS DRIVE SPRINGITEXAS 77388	0
NAME	DAVIS, DAVE	22 NAME	DRIVE	
STREET ADDRESS	-15957 KUYKENDAHL	2.3 STREET ADDRESS	3419 Cypreto	
CITY-ST-ZIP	HOUSTON-TX-77068	2 4 CRTY-ST-ZIP	SPRING) EXAS 97388	*
TITLE	□ DELETE	3.1 TITLE &	Bec/Treas Change Braddition Bety Anthony 5382 Ben + Oak DR Baraso ta FL 34232	
NAME	'ACTTY ANTHONY	32 NAME &	3cHy ANTHONY	
STREET ADDRESS	129 F7	3.3 STREET ADDRESS	5382 Ben + Oak DX	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	3aRaso ta FL 34232	
TITLE	DELETE	4.1 TITLE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	Change Addition	
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	1	
		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Selly SIGNATURE AND	TYPEO OR PRINTED HAME OF SIGN	Betty Awith ony,	5-1-99 Date	941-379-6149 Deyline Phone #
		/	-/Reps		